

M-941A

**A****MASSACHUSETTS DEPARTMENT OF REVENUE  
EMPLOYER'S ANNUAL RETURN OF INCOME TAXES WITHHELD****YOU MUST FILE THIS FORM EVEN THOUGH NO TAX MAY BE DUE.**NUMBER OF EMPLOYEES FROM  
WHOM TAXES WERE WITHHELD:

FEDERAL IDENTIFICATION NUMBER

BE SURE THIS RETURN COVERS  
THE CORRECT PERIOD

FOR YEAR

☐ Check here if EFT payment.

Note: An entry must be made in each line. Enter "0," if applicable.

IF ANY  
INFOR-  
MATION IS  
INCORRECT,  
SEE  
INSTRUC-  
TIONS.☐ Check if final return and you wish to close your withholding tax account.

1. AMOUNT WITHHELD

2. ADJUSTMENT FOR PRIOR  
AMOUNT WITHHELD\*3. AMOUNT DUE AFTER ADJUST-  
MENT (NOT LESS THAN "0")

4. PENALTIES

5. INTEREST

6. TOTAL AMOUNT DUE  
(ADD LINES 3, 4 AND 5)

Return is due with payment on or before the 31st day of January following the year indicated above. Make check payable to Commonwealth of Mass. Mail to: Mass. Dept. of Revenue, PO Box 7042, Boston, MA 02204.

I declare under the penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

CHECK HERE IF USING THE BACK OF THIS FORM: ☐

\*Explain any adjustment on reverse or it will be disallowed. Adjustment must be from immediate prior period.

Signature

Title

Date

**LINE 2 ADJUSTMENT INFORMATION**

STATE REASON FOR ADJUSTMENT REQUEST:

|                                | AS REPORTED | CORRECTED |  |
|--------------------------------|-------------|-----------|--|
| AMOUNT WITHHELD                |             |           |  |
| ADJUSTMENT PRIOR PERIOD        |             |           |  |
| AMOUNT PAID                    |             |           |  |
| REPORTED UNDER FED. IDENT. NO. |             |           |  |
| REPORTING PERIOD IN ERROR      |             |           |  |

